

Foster Family Home - Corrective Action Report

Provider ID: 1-509276

Home Name: Eunice Aguilar, CNA

Review ID: 1-509276-5

94-1091 Nalii Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 9/6/2017

End Date: 10/05/2017

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Home visit made for a 3 person CCFFH certification survey. A corrective action report was issued during the visit with a written plan of correction due to CTA by 10/6/17. Home will receive a 3 person 2 year certificate.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

Comment:

46(b)- A medication prescribed by the MD is not listed on the (MAR) medication administration record. Also, medication dosage instructions on the MAR differs from the MD's orders for another medication.

Carrie Wakai
Compliance Manager

Eunice Aguilar
Primary Care Giver

9-6-17
Date

9/6/17
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Eunice Aguilar
CCFFH Address: 94-1091 Nalii St. Waipahu, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
464b7	Medication prescribed by MD was listed on the MAR. Medication dosage instruction was also corrected on the MAR.	10/5/17	PCCG will look at all medications orders, bottles and MAR to make sure all match. Caregivers will notify CMA, pharmacy and doctors if there is discrepancy.

Primary Caregiver's Signature: Eunice Aguilar

Print Name: Eunice Aguilar

Date of Signature: 10/5/17